

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10 529112 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		1	1			
4	1		1			
5		1	1			
6		1	1			
7	1		1			
8		1	2			
9			2			
10	3		1			
11	1		1			
12		2	2			
13		2	2			
14	1		1			
15	1		1			
16	1		1			
17	1		1			
18	1		1			
19	1		1			
20	1		1			
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TOTAL IND.			3			
TOTAL DEP.			21			
TOTAL CLAIMS			24			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						